

**GRIP Student Leadership Conference**

Rosebank Public School

340 Rosebank Road

ROSEBANK NSW 2480

Telephone: 61 2 6688 2126

[www.rosebank-p.schools.nsw.edu.au](http://www.rosebank-p.schools.nsw.edu.au)

The GRIP Student Leadership Conference is a full day of presentations, workshops and inspirational speakers designed to nurture the leadership skills of students in Year 5 and 6.

Thursday May 9th (Week 2 after the holidays), our Year 5 and 6 students will gather with other students of their age from our First North Learning Community at Lismore City Hall with a staff member from Rosebank P.S.

**When: Thursday May 9th 2019**

**Where: Lismore City Hall**

**Time: 8.45am – 2.30pm**

**Cost: $40 per student**

**TRANSPORT: Private Arrangement**

Please connect with other parents to arrange a lift into/from Lismore for your child.

**FOOD:**

Students are required to bring a packed morning tea and lunch as well as a water bottle.

**DRESS:**

All students attending must wear full school uniform, including black shoes and black or navy socks as well as a school hat and school jumper.

**PAYMENT:**

Cost for the conference $40. Tickets had to be purchased in advance, so all children have a seat reserved.

**PRIVACY:**

GRIP Leadership may take images and recordings at the GRIP Student Leadership Conference that may be used for advertising purposes. For full details of their Privacy Policy please visit [www.gripleadership.com.au/privacy-policy](http://www.gripleadership.com.au/privacy-policy).

Juantia Thomson

Principal: Rosebank Public School

**CONSENT: GRIP Leadership Conference**

|  |  |
| --- | --- |
|  | I have read all of the information about the GRIP Student Leadership Conference |
|  | I give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print child’s name) to participate in the GRIP Student Leadership Conference at Lismore City Hall on Thursday May 9th 2019 with a staff member from Rosebank P.S. |
|  | I understand that the excursion costs $40 per student. I have enclosed payment/made an online payment with receipt no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/will make a payment asap (please circle as relevant) |
|  | I understand that transport to/from the Leadership Conference is by private arrangement.  My child will be taken to/collected from the venue by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

**Parent/Carer Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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**Student Code of Conduct: GRIP Student Leadership**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to:

* co-operate with other students
* follow staff instructions
* show respect to all supervising adults
* follow the rules
* be friendly with other students
* have fun
* leave electronic devices at home

**Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents:**

* I/We have discussed the expected code of conduct with my/our child.
* I/We understand the importance of following this code of conduct.
* I/We understand that Rosebank’s expectations for positive behaviour will be upheld while on excursion
* I/We understand that in the case of a serious breach of the code of conduct, I/we may be contacted to pick up my/our child.

**Parent/s signature/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete to adhere to DoE requirements for the excursion.**

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| The information provided on is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child.  It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.  Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.  Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the school office. | | | |
| *Student name*: ……………………………………………………  *Medicare number* …………………….…………… | | | *Class*: ……………………… |
| **Parent or caregiver contact details** | | | |
| *Name*: | ……………………………………………………………………………………………… | | |
| *Address*: | ……………………………………………………………………………………………… | | |
| *Home phone*: ………………... | | *Work*: ……………………..… | *Mobile*: ……………………… |
| **Doctor contact details** | | | |
| *Name*: | ……………………………………………………………………………………………… | | |
| *Address*: | ………………………………………………………………………………………………  ……………………………………………………………………………………………… | | |
| *Doctor’s telephone*: | | *1*. ……………………………… | *2*. ……………………………. |
| **Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)** | | | |
| 1. *Name*: …………………………………………….……   Relationship to child ……………………………………… | | | *Phone (H)* ……………………  *Phone (M)* …………………… |
| 1. *Name*: …………………………………………….……   Relationship to child ……………………………………… | | | *Phone (H)* ……………………  *Phone (M)* …………………… |